

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):

Lazarev et al.

Application No.:

10/073,716

Group No.: 2828

Filed:

02/11/2002

Examiner: Jackson, Cornelius H.

For:

HIGH POWER SURFACE

EMITTING LASER AND FABRICATION

METHOD THEREOF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a response for this application comprising:

12 Pages Amendment with Remarks.

STATUS

2. Applicant is a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

 \boxtimes deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

transmitted by facsimile to the Patent and Trademark Office.

FACSIMILE

Signature

Thomas P. O'Connell

(type or print name of person certifying)

(Amendment Transmittal--page 1)

Date: March 3, 2004

EXTENSION OF TERM

3. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. Section 1.136(a) apply. Applicant believes a total extension period of three (3) months is required at a fee of \$475.00. If a further extension is required, please consider this a petition therefor.

Extension Fees Enclosed (by check):

\$475.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1) Claims Remaining After Amendment			(Col. 2)	(Col. 3) S	MALL ENTITY		
			Highest No.		t	Addit.	
			Previously	Present			
			Paid For	Extra	Rate	Fee	
Total	29	Minus	39	= 0	x \$9 =	\$0	
ndep.	2	Minus	3	= 0	x \$42 =	\$0	-
First Pre	sentation of	f Multiple D	ependent Claim		+ \$135 =	\$0	
					Total		· <u> </u>
					Addit Eco	90	

Addit. Fee

- If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

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